

Assistive Technology Questionnaire

Name of Student using Assistive Technology: _____ Date_____

Equipment or device being considered:_____

Person competing this form _____ Position _____

Please circle the number that represents your feelings as to how effective the equipment item above would be for this individual.

Technology Characteristics

Not Effective

Very Effective

- | | | | | | |
|---|---|---|---|---|---|
| 1. Reliability/dependability | 1 | 2 | 3 | 4 | 5 |
| 2. Accomplishes its purpose | 1 | 2 | 3 | 4 | 5 |
| 3. Can be used independently by the student | 1 | 2 | 3 | 4 | 5 |
| 4. Is compatible with existing technology | 1 | 2 | 3 | 4 | 5 |
| 5. Appropriate to user's visual abilities | 1 | 2 | 3 | 4 | 5 |
| 6. Appropriate to user's physical abilities | 1 | 2 | 3 | 4 | 5 |
| 7. Ease of use | 1 | 2 | 3 | 4 | 5 |
| 8. Adequate staff support | 1 | 2 | 3 | 4 | 5 |

Contextual Match

- | | | | | | |
|--|---|---|---|---|---|
| 1. Socially appropriate/acceptable | 1 | 2 | 3 | 4 | 5 |
| 2. Can be used well in this classroom/location | 1 | 2 | 3 | 4 | 5 |
| 3. Avoids conflicts with noise, lighting, time, etc. | 1 | 2 | 3 | 4 | 5 |
| 4. Space is available | 1 | 2 | 3 | 4 | 5 |
| 5. Ease of portability across settings | 1 | 2 | 3 | 4 | 5 |
| 6. Will be appropriate over time, (1-3 years) | 1 | 2 | 3 | 4 | 5 |

Technology Benefits the Student

Not Beneficial

Very Beneficial

Student makes frequency use of the device	1	2	3	4	5
Device produced improved academic performance	1	2	3	4	5
Device produced higher percentage of completed assignments	1	2	3	4	5
User enjoys working with the device in class	1	2	3	4	5
User benefits from using the device in class	1	2	3	4	5
User needs the device to benefit from current educational program	1	2	3	4	5
Likelihood user will continue to use the device	1	2	3	4	5
Current technology is an improvement over previous technology employed		1	2	3	45

Additional Comments: _____
